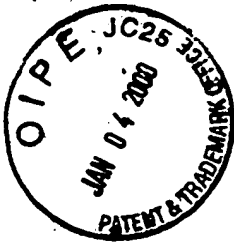


# FILE COPY

RECEIPT

#

12



Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (12-97)  
Approved for use through 9/30/00. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h2>TRANSMITTAL FORM</h2> <p>(to be used for all correspondence after initial filing)</p>	Application Number	09/425,833	
	Filing Date	10/21/99	
	First Named Inventor	Morse, et al	
	Group Art Unit	2756	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	3	Attorney Docket Number	HO43-001

RECEIVED  
MAR 28 2000  
TECH CENTER 2100

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Request for Correction of Filing Receipt; Postcard Receipt; Copy of Filing Receipt; Copy of Declaration
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Mark W. Hendricksen, Reg. No. 32,356 Wells, St. John, Roberts, Gregory & Matkin, P.S. W. 601 First Ave., Ste. 1300, Spokane, WA 99201-3828
Signature	<i>Mark W. Hendricksen</i>
Date	12/29/99

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 12/29/99			
Typed or printed name	Jane E. Boone	Date	12/29/99
Signature	<i>Jane E. Boone</i>		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

1 IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

2 APPLICATION SERIAL NO. .... 09/425,833  
3 FILING DATE ..... October 21, 1999  
4 INVENTORSHIP ..... Stacy J. Morse, et al.  
5 ASSIGNEE ..... Home Debut, Inc.  
6 GROUP ART UNIT ..... 2756  
7 EXAMINER ..... Unknown  
8 ATTORNEY'S DOCKET NO. .... HO43-001  
9 TITLE: Electronic Property Viewing System for Providing Virtual Tours Via a Public  
10 Communications Network, and a Method of Exchanging the Same

11 REQUEST FOR CORRECTION OF FILING RECEIPT

12 To: Box Filing Receipt Corrections  
13 Assistant Commissioner for Patents  
14 Washington, D.C. 20231

15 From: Mark W. Hendricksen (Tel. 509-624-4276; Fax 509-838-3424)  
16 Wells, St. John, Roberts, Gregory & Matkin P.S.  
17 601 W. First Avenue, Suite 1300  
18 Spokane, WA 99201-3828

19 Sir:

20 Enclosed is a copy of the Filing Receipt and copies of pertinent portions  
21 of the original Patent Application referenced above. In view of the inconsistencies  
22 between the two documents, applicant respectfully requests correction of the Filing  
23 Receipt so that it conforms to the application as filed. The following mistakes  
need to be corrected:

- 1) Address of Inventor Anne M. Morse is misspelled and should be  
Nine Mile Falls, Washington.

1  
2 Applicant respectfully requests the Patent Office records be corrected to  
3 accurately reflect the application information as outlined above.

4 Respectfully submitted,

5  
6 Dated: 12/29/99 By:

Mark W. Hendricksen  
Mark W. Hendricksen  
Reg. No. 32,356

FILING RECEIPT

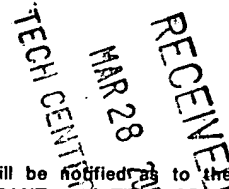
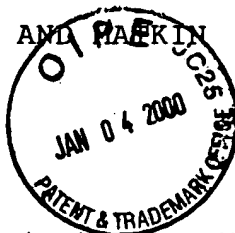


UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office  
ASSISTANT SECRETARY AND COMMISSIONER  
OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/425,833	10/21/99	2756	\$497.00	H043-001	72	12	6

021567

WELLS ST JOHN ROBERTS GREGORY AND PARKIN  
SUITE 1300  
601 W FIRST AVENUE  
SPOKANE WA 99201-3828



Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) STACY J. MORSE, NINE MILE FALLS, WA; ANNE M. MORSE,  
NIN MILE FALLS, WA; EUGENE H. DIERKS, III, SPOKANE, WA.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/19/99 \*\* SMALL ENTITY \*\*  
TITLE

ELECTRONIC PROPERTY VIEWING SYSTEM FOR PROVIDING VIRTUAL TOURS VIA A  
PUBLIC COMMUNICATIONS NETWORK, AND A METHOD OF EXCHANGING THE SAME

PRELIMINARY CLASS: 709

DATA ENTRY BY: BALL, ROSALIND

TEAM: 01 DATE: 11/19/99

\*\*\*\*\*

(See reverse for new important information)

COPY FOR YOUR  
INFORMATION

SERIAL NUMBER 09/425,833	FILING DATE 10/21/99	CLASS 709	GROUP AND UNIT 2756	ATTORNEY DOCKET NO. H043-001
-----------------------------	-------------------------	--------------	------------------------	---------------------------------

APPLICANT	STACY J. MORSE, NINE MILE FALLS, WA; ANNE M. MORSE, NINE MILE FALLS, WA; EUGENE H. DIERKS, III, SPOKANE, WA.			
	**CONTINUING DOMESTIC DATA***** VERIFIED <u>NONE</u>			
	**371 (NAT'L STAGE) DATA***** VERIFIED <u>NONE</u>			
	**FOREIGN APPLICATIONS***** VERIFIED <u>NONE</u>			

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/19/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>SP</u> <u>Y</u> Examiner's Initials Initials	STATE OR COUNTRY WA	SHEETS DRAWING 72	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 6
--	------------------------	----------------------	--------------------	-------------------------

ADDRESS	SEE CUSTOMER NUMBER: 021567
	ELECTRONIC PROPERTY VIEWING SYSTEM FOR PROVIDING VIRTUAL TOURS VIA A PUBLIC COMMUNICATIONS NETWORK, AND A METHOD OF EXCHANGING THE SAME

TITLE	FILING FEE RECEIVED \$497	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-------	------------------------------	---	---

 RECEIVED  
 MAR 28 2000  
 TECH CENTER 2100